

EXHIBIT 1

EMPLOYMENT DISCRIMINATION COMPLAINT FORM
Texas Workforce Commission Civil Rights Division

Please return this form by:

Mail: 101 East 15th Street, Guadalupe CRD, Austin, TX 78778-0001

Email: EEOIntake@twc.state.tx.us

Telephone: (888) 452-4778 or

Fax: (512) 482-8465 (Please include a cover sheet with your name and the total # of pages)

TWCCRD# _____

EEOC# _____

Please indicate if you have previously filed this complaint with any of the agencies below:

- Texas Workforce Commission Civil Rights Division (TWCCRD)
 Equal Employment Opportunity Commission (EEOC)
 City of Austin Equal Employment and Fair Housing Office
 Corpus Christi Human Relations Division
 Fort Worth Human Relations Department

DATE RECEIVED (For Office Use Only):**Please be sure you provide all the information requested. For Assistance, send an E-mail to EEOIntake@twc.state.tx.us or call us at (888) 452-4778. (Ofrecemos asistencia en Español)****Complainant Full Name:**

Twyla Lynn Sandolph
 Address Line 1: 1516 Gurley Ln.
 Address Line 2: # 5103
 City/State/Zip: Waco, Tx. 76706
 Home Phone #: (254) 761-0305
 Other Phone #: Email: tsandolph3@gmail.com

Complainant Representative (Optional): (If you are represented by an attorney, please have them submit a letter of representation):

Address Line 1:
 Address Line 2:
 City/State/Zip:
 Phone #:
 Fax #:

Preferred Form of Contact: (Please check) E-mail Telephone**Date Hired:** 3/20/**Position held:** Driver**Still employed?** Yes No**Name of Employer (Please be sure to give the complete Company name and address where you physically worked)**

Martin Marietta
 Company Address
 Address Line 1: 7901 Fish Pond Rd.
 Address Line 2:
 City/State/Zip: Waco, Tx. 76706
 Phone #: (254) 772-9992

HR Personnel Officer/EEO Officer/or Highest Ranking Officer on work site:

Manuel Alaniz

15 or more employees:

 Yes No**Company Officer Address**

Address Line 1:
 Address Line 2:
 City/State/Zip:
 Phone #:

Age (You must be 40 years of age or older to qualify):
 Date of Birth: / /
 Month/day/year
 Age at time of incident: / /

Disability:
 Disabled
 History of disability
 Regarded as disabled

(Pregnancy is NOT a disability unless you are regarded as disabled.)

Please mark only the basis you believe were the reasons you were discriminated.

GINA
 (Genetic Information Non-discrimination Act)

National Origin:
 African-American
 Anglo/Caucasian
 East Indian
 Hispanic
 Mexican
 Other:

Race:
 American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 White
 Other:

EXAMPLE: If your treatment as because of your race, then check only the box by your race.

Religion:
 Baptist
 Catholic
 Jewish
 Muslim
 Other:

Retaliation:
 Assisted another filing discrimination
 Filed a complaint of discrimination
 Participated in discrimination investigation,
ON THIS DATE:
 / /
 Month/day/year

Sex:
 Female
 Female/Pregnancy
 Male

Gender discrimination



<input type="checkbox"/> Discharge (D1)	<input type="checkbox"/> Layoff (L1)	<input checked="" type="checkbox"/> Suspension (S5)
<input type="checkbox"/> Discipline (D2)	<input type="checkbox"/> Promotion (P3)	<input type="checkbox"/> Terms & Conditions (T2)
<input type="checkbox"/> Harassment (H1)	<input type="checkbox"/> Reasonable Accommodation (R6)	<input type="checkbox"/> Training (T4)
<input type="checkbox"/> Hiring (H2)	<input type="checkbox"/> Severance Pay (B5)	<input type="checkbox"/> Wages (W1)
	<input checked="" type="checkbox"/> Sexual Harassment (S4)	<input type="checkbox"/> Other:
<p>The following questions are regarding the employment harms or actions taken against you. (Each incident must be within 180 days of the date you submit your complaint to the TWCCRD.)</p>		
DATE(S) DISCRIMINATION TOOK PLACE (Month/Day/Year)		
Earliest (Month/Day/Year) 6 / 2017	Latest (Month/Day/Year) 8 / 2018	<input type="checkbox"/> CONTINUING ACTION
Name and Position Title of person(s) who did the harm: Manuel Jesus Alaniz (Manager) Joe Hernandez (dispatch) Alvin Chapelle (driver) Joseph Rotman aka Red (Central dispatcher)		
(If filing under race, color, national origin, religion, sex, age, please provide the race, color, national origin, religion, sex, or age of the person(s) discriminating against you.)		
Did you complain of discrimination to your employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of complaint: 1 / 1 (Month/Day/Year) 11/2017, 12/2017, 4/2018, 7/2018		
Name and Position Title of person(s) you complained to: Malinda Feola-human Resource Manager		
Explain why you believe the employment harm(s) and/or action(s) were discriminatory: <p>Because of the color discrimination, Gender discrimination, Sexual harrassment & lack of Fairty when it Comes^{to} Scheduling. The More I inquire about Fairness, the Worst it got.</p>		
Employer's reason for its action: <p>I was suspended for 3 days for becoming very defensive during a radio conversation with Joe Hernandez after reporting his sexual behavior</p>		
Are there other employees treated more fairly than you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the information below:		
Full Name and Position Title: *All are drivers except Joe* (If filing under race, color, national origin, religion, sex, and/or age, please provide the race, color, national origin, religion, sex, or age of the person(s) treated more fairly than you.)		
Alvin Chapelle Joseph Hernandez Warren Williams Charles Gomes Ramirez Omar Scott Fire, etc.		

wards me. I continuously reported this man to (HR) Malinda Feola & (Plant Manager) Manuel Alaniz, nothing was done. I became defensive on the radio & text, I get suspended.

What are you seeking as a resolution to your case?

Lawsuit

What is the most convenient method to contact you:

Email:

t.sandolph3@gmail.com

Telephone: (281)

761-0305

Jwyla Sandolph
Signature

Aug 26, 2018
Date